



Chapter IV – Next Steps

The Department of Health and Human Services and tribal governments have developed a sound foundation for meaningful dialogue through the consultation process. Our journey, however, has only begun. Together, we have discussed issues and explored ways to address them and are now moving toward implementing a number of recommendations. This report captures the recommendations by tribal leaders and HHS agencies.

To ensure that we move forward, the following critical steps were identified:

Establish a Single Point of Contact in the Department

A key step in assuring that the momentum in our work is maintained was to create and fill a senior level position in the Office of the Secretary focused solely on tribal issues. With the participation of tribal leadership, the Senior Advisor for Tribal Affairs has been selected and will work within the Office of Intergovernmental Affairs. This individual serves as the Department's point person on issues pertinent to American Indians and Alaska Natives (AI/AN) and will: coordinate HHS efforts to address AI/AN concerns, including those identified in this report; monitor the Department's tribal consultation process; and, assist tribes in navigating through HHS programs and services.

Maintain and Enhance the Consultation Process

Intergovernmental relations and tribal consultation ranked among the most important issues raised by tribal leaders at the regional and national meetings. Tribal leaders pointed out the need for continued dialogue and a strengthened consultation process. HHS agencies have refined their consultation plans and are beginning to build on the recommendations by tribal leaders. We intend to continue to consult on HHS budgets and engage in national consultation meetings.

In addition to enhancing the consultation process, the Department is obligated to improve its communication with tribal governments to the greatest extent practicable. HHS recognizes the difficulty in consulting directly with every tribe on the vast number of policy matters that could potentially affect them. Tribal leaders provided a number of recommendations to improve existing communications, including that the Department utilize national Indian organizations to get the message out to Indian country. In response, the Department has requested that tribes specifically consider designating representatives who would regularly consult with HHS, disseminate information to the tribes they are representing, and provide immediate feedback and input to HHS on policies, programs, and budgets. We encourage additional thoughts as to how HHS can implement a more efficient commu-

nication process to enhance tribal consultation. Executive Order 13175 which was signed on November 6, 2000 and becomes effective on January 6, 2001, further prescribes how the Department will consult with tribal governments on actions that affect them.

Develop the Scope and Conduct of the Tribal Self-Governance Feasibility Study

HHS is implementing the Tribal Self-Governance Amendments of 2000 [PL.106-260], which, among other things, requires the Secretary to conduct a study to determine the feasibility of a demonstration project that would extend tribal self-governance to HHS programs other than those in the Indian Health Service. The Department must submit a report that provides analysis and recommendations concerning the feasibility of the demonstration to Congress by February 2002. Tribal leaders are currently working with HHS in developing the protocol for the consultation necessary to conduct the study. Tribes will be able to submit their separate views as a part of the Secretary's Report to Congress.

Joint Tribal/Federal Negotiated Rulemaking Committee for the Development of Regulations for the Tribal Self-Governance Program.

HHS published a notice in the Federal Register in December 2000 inviting comments on the HHS intent to establish a Joint Tribal/Federal Negotiated Rulemaking Committee pursuant to statutory requirements under P.L. 106-260, the

Self-Governance Amendments of 2000. HHS has identified the federal representatives who will participate in the Committee process. The statute requires that proposed rules be published within one year of enactment (August 18, 2001), and that final rules be promulgated within 21 months of enactment. The HHS Staff divisions identified to participate are the Assistant Secretary for Management and Budget, Office of General Counsel, and the Office of Intergovernmental Affairs. The IHS has also identified agency representatives for the Committee.

Implement Actions to Address Regional and National Issues

Issues and recommendations identified at the regional and national meetings have been addressed by HHS agencies and steps taken by HHS agencies are included in the matrix found in the Appendix to this report. In some cases, issues are clearly resolved, while others require additional dialogue.

This report should not be considered final. It is both a marker of where we are at this time and a record of how our continuing dialogue with AI/ANs has reached this point. We actively solicit your comments on the HHS responses to the regional and national issues raised, next steps proposed in this chapter, and new issues that you believe warrant HHS action.